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AE BOAD	FORM	REPORT OF C CHECK APPROPR	AMPAIGN CONTI	RIBUTIONS A	ND EXPENDITURES R PRINT IN BLACK INK	FERENCE	HUBALONIN B	
	FORM	Quarterly Re (Check on	port: e:) 🔀 1 st	2 nd	□ 3 rd □ 4 th	APR :	1 3 2 022	
	D-2	☐ Final Report	:			State Boar	d of Elections	
Amendment of the Report Indicated Abov				ted Above	Springfield Office			
		dress of Political Co	ommittee:	СН	ECK FOR ADDRESS CHANGE	COMMI	TTEE ID #	
Progressives P.O. Box 2	s of Kane Cou	nty				COMMIT	ILL ID#	
Sugar Grove	e. IL 60554					34492-13		
g	.,							
-mail address: r	natebirr@gmai	il.com		HECK FOR	E-MAIL ADDRESS CHANGE			
REPORTING P		VAILABLE AT BEG	INNING		ALL POLITICAL COMMITT	EES RETURN TO:		
4/4/00 2/24/00		ORTING PERIOD:			SOARD OF ELECTIONS S MacARTHUR BLVD OR	STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER		
ROM	—— ¬∠∪,	52.90	n		GFIELD, IL 62704-4503	100 W RANDOLPH, S CHICAGO, IL 606	STE 14-100	
·KUIVI	THRU Repeat th	nis amount in SECTION I	u, Line (A)		SECTION B — EX	VDENIDITUDES		
1. Individual Co		RECEIF 15		6 Tra	nsfers Out	APENDITORES		
	l (from Schedule A)): \$	(1a)		Itemized (from Schedule B)	: \$	(6a)	
b. Not-Item	nized:	\$	(1b)		Not-Itemized:	\$	· ·	
2. Transfers In		500		7. Loa	ans Made	,	· ,	
a. Itemized	l (from Schedule A)): \$ <u>500</u>	(2a)	a.	Itemized (from Schedule B)	: \$	(7a)	
b. Not-Itemized:		\$	(2b)	b.	Not-Itemized:	\$	(7b)	
3. Loans Receiv		\.	(2.1	_	penditures	<u> </u>	<i>(</i> -)	
	l (from Schedule A)): \$			Itemized (from Schedule B)			
b. Not-Itemized4. Other Receipts		٧	(3b)		Not-Itemized Pependent Expenditures	\$	(8b)	
a. Itemized (from Schedule A):): \$	(4a)	1	Itemized (from Schedule B-	9): \$	(9a)	
b. Not-Item	nized	\$	(4b)		Not-Itemized	\$	(9b)	
TOTAL RECEIPTS (1a thru 4b)		\$ <u>5</u> 00	(TR)	то	TAL EXPENDITURES (6a thru	л 9b)\$ ⁵⁰⁰	(TE)	
*******	******	******	*****	****	********	******		
5. In-Kind Con	tributions				SECTION C — DEBTS (Include previously repo	AND OBLIGATIO	<u>NS</u>	
a. Itemized	(from Schedule I):	\$	(5a)	10. a.	Itemized (from Schedule C):		(10a)	
b. Not-Item	ized	\$	(5b)	b.	Not-Itemized	\$	(10b)	
TOTAL IN-KII	ND (5a + 5b)	\$	(TI)	тот	AL DEBTS & OBLIGATIONS	\$		
********	*******	***********	******	***	**********************************		*****	
Name and address of person submitting this report if other			<u>SECTION D — CA</u> Cash available at beginning					
than the committee's Chairman or Treasurer:					reporting period	od: \$ <u>2002.00</u>	(A)	
				Tota	al Receipts from Section A (1		(B)	
					Total cash (A) plus		(C)	
				Total Ex	penditures from Section B (1		(D)	
			· · · · · · · · · · · · · · · · · · ·		Funds available at close reporting period (C minus I	of \$2552.90	(E)	

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

Investments total (if applicable): \$_

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

NAME OF POLITICAL COMMITTEE	: 1	REPORT	NG PERIOD		FOR OFF	ICE USE ONLY		
rogressives of Kane Cou	N 1	/1/22 FROM	3/31/22 THRU					
SCHE	EDULE	В						
EXPENDITURES								
CHECK THE PART OF FORM D-2 BEING ITEMIZED:						COMMITTEE		
PART #6 TRANSFERS OUT	241	PART #7 LOANS MADE			IDEN	NTIFICATION No.		
EXPENDITURES TO POLITION COMMITTEES - INCLUDING RAFFLE PURCHASES		PART #8	EXPENDITURI	3449213				
SEE PAMPHLET "	A GUIDE TO	CAMPAIGN D	ISCLOSURE'	" FOR	GUIDANCE			
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	EXPE RI	UNT OF EACH NDITURE THIS EPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD		
linois State Board of Elections 329 S MacARTHUR BLVD PRINGFIELD, IL 62704-4503	2/22/22	State Voter Data	Progressives of Kane County and West Suburban Illinois DSA	500		500		
					21			
USE SEPARATE SCHEDULE B FOR EACH P	ARTS 6, 7, & 8	I	-	TOTAL	THIS PERIOD S	\$ 500		
THIS FORM MAY BE REPRODUCED		PAGE				REVISED 1/1/11		

NAME OF POLITICAL COMMITTEE:	F	REPORTING PERIOD	FOR (OFFICE USE ONLY	
Progressives of Kahe Comy	1/1/22 FF	3/31/22 ROM THRU			
SCHEDU					
RECEIP	TS				
CHECK THE PART OF FORM D-2, SE					
PART #1- INCLUDING TICKETS AND RAFFLE S.	POLITICAL COMMITTEE IDENTIFICATION				
PART #2- TRANSFERS IN POLITICAL COMMITTEE CONTRIBUT INCLUDING TICKET AND RAFFLE SA	No. 3449213				
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DISCLOSURE" FOR	GUIDANCE.		
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH REC	EIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD	
David Cannon Vest Suburban Illinois DSA	2/16/22	\$ ⁵⁰⁰		\$ 500	
1405 Garfield Avenue Aurora, IL 60506		EMPLOYER: West Suburban Illinois DSA		OCCUPATION: Treasurer	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
	-,	\$		\$	
		EMPLOYER:		OCCUPATION:	
	\$			\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
	\$			\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
USE A SEPARATE SCHEDULE A FOR EACH PA	ARTS 1, 2, 3, 8	§ 4 TOTAL	THIS PE	RIOD \$ ⁵⁰⁰	

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